



Letting Agency Authorisation Form

Billing Property Address	
Billing Property Postcode	

Authorised Letting / Management Agency contact details

Name	
New Address	
New Postcode	
Telephone Number	
Email Address	

Declaration by Owner / Leaseholder(s)

I confirm that I am the owner / leaseholder of the property detailed above and can confirm that the above Letting / Management Agency is authorised to discuss, update tenants details and request copies of bills on my behalf until you are instructed otherwise.

Owner / Leaseholder(s) Signature	
Print Name	
Date	Day / Month / Year
Contact Telephone Number	
Contact Email Address	

Or, signing on behalf of an organisation or as an authorised letting agent/ representative:

Signature	
Print Name	
Date	Day / Month / Year

